INYO AND MONO COUNTIES
MEDICAL RESPONSE TO A MULTI-CASUALTY INCIDENT

PURPOSE

1. To outline and coordinate the responses by EMS system participants to Multi-Casualty Incidents (MCI) in Inyo and Mono Counties.

2. To standardize definitions, as outlined in the Firescope Field Operations Guide (FOG) and the responsibilities of each participating entity.

PRINCIPLES

1. Field responses to an MCI will follow the procedures/guidelines consistent with the Incident Command System (ICS) as outlined in Firescope.

2. Hospitals shall receive as much advanced notice as possible to prepare for arriving patients.

SCOPE

An MCI is any incident where personnel (law, fire, or medical) on scene have requested additional resources to care for all victims. This may include one or more of the following criteria:

1. An incident requiring three (3) or more ambulances and/or involving five (5) or more patients.

2. The utilization of triage (e.g. START) tags.

3. Patient distribution beyond one (1) hospital.

PROCEDURE

General Operational Procedures:

1. First arriving resource with the appropriate communications capability shall declare an MCI, establish command, and name the incident. This resource shall remain in command until relieved by the public safety agency having jurisdictional authority.

2. Sheriff's Office (SO) Dispatch shall alert/notify all other 911 dispatch centers (CHP and adjacent jurisdictions) OES Mutual Aid Coordinators (fire, law, Medical/Health Operational Area Coordinator (MHOAC)) of the declaration of an MCI.

3. The first medical personnel (e.g. ambulance crew) on scene shall:

    a. Become the Medical Group Supervisor, and

    b. Initiate triage. Adults shall be triaged according to START as outlined in Firescope. Pediatric patients shall be triaged according to JumpSTART developed by California Emergency Medical Services for Children. Triage and patient tracking and coordination with receiving hospitals shall be accomplished utilizing standard triage tags.

    c. Assume responsibility for requesting additional resources (e.g. ambulances, personnel, equipment) in coordination with the base station, SO and/or CHP Dispatch, and the OES Operational Area Coordinators (fire, law, and/or MHOAC), as requested and available and relevant (dependent on geographical location and availability and communications capability), and

    d. Assume responsibility for patient tracking and matching patient types/needs with appropriate and available transportation resources and staff and receiving hospitals, in coordination with the base station, SO and/or CHP Dispatch, and the OES Operational Area Coordinators (fire, law, and/or MHOAC), and

    e. Contact base station and/or receiving hospitals and/or EMS aircraft providers for patient destination and coordination once the MCI has been declared.

4. All operation functions and procedures on scene will be in accordance with Firescope and National Incident Management System (NIMS).

5. The Medical Group Supervisor shall establish communications with the base station and/or receiving hospitals through available methods for situation update (i.e. Medical Sit Rep) and to obtain hospital bed availability/coordination, with the assistance and support of SO and/or CHP Dispatch, EMS aircraft providers, and the OES Operational Area Coordinators (fire, law, and/or MHOAC), as requested and relevant (dependent on geographical location and availability and communications capability).

6. The Medical Group Supervisor will identify and request the necessary resources through the IC or designee. The IC or Medical Group Supervisor will contact the base station and/or receiving hospitals and/or OES Mutual Aid Coordinators (fire, law, MHOAC), with the assistance and support of SO and/or CHP Dispatch, as available and appropriate, to fulfill medical resource requests.

7. During incidents with multiple destination hospitals, the Medical Group Supervisor may assign a Medical Communications Coordinator (Med Comm). The Med Comm will provide the following information when initially communicating with Dispatch (SO or CHP), the base station and/or receiving hospitals, or OES Mutual Aid Coordinators (fire, law, MHOAC):

    a. Name of incident, type, location, initial patient estimate and agency in charge.

    b. Patients should be transported to the appropriate hospitals as provided to the Med Comm by the Medical Group Supervisor.

8. The Medical Group Supervisor, shall notify the base station and the receiving hospital(s) (or Med Comm shall notify Dispatch, if available and assigned, to relay to the hospitals) (or EMS aircraft providers shall communicate with receiving hospitals) of the following information for all patients departing the scene:

    a. Transport method (e.g. air, ground, bus).

    b. Transport agency and unit.

    c. Number of patients (adult and pediatric).

    d. Identification (triage tag number) and classification of patients (i.e. Immediate, Delayed, Minor).

    e. Destination (only when Med Comm is coordinating multiple hospital destinations based on base station, EMS aircraft providers, and/or Medical Group Supervisor evaluation of hospital availability).

9. Transporting units shall make attempts by available means to contact the receiving hospital en route to provide patient(s) report using the incident name to identify the patient and provide the following information:

    a. Incident name.

    b. Transporting name and unit number.

    c. Age/sex.

    d. Illness or mechanism of injury.

    e. Triage classification (immediate (red), delayed (yellow), green (minor), and any significant deterioration in condition/status during transport.

f. Chief complaint and related illness/injury that may need specialty services, (e.g. respiratory, neuro, vascular, decontamination, burns).

g. Glasgow Coma Scale (GCS), if relevant.

h. Estimated Time of Arrival (ETA).

i. Tracking of patients and destinations is the primary joint responsibility of the base station and field medical personnel, with assistance as requested and available from the Dispatch.

If the destination is changed en route, the transporting unit shall notify the initial receiving hospital, if possible, and shall make attempts to contact the new receiving hospital en route. If the base station is coordinating patient destinations in conjunction with the Med Comm, the transporting unit will notify the base station, who will notify the original destination that the patient has been diverted by the base station physician or that the patient condition has deteriorated.

Special Operational Procedures - Use of Non-Emergency Vehicles:

The Medical Group Supervisor, in coordination with the IC, may utilize non-emergency vehicles to transport patients triaged as Minor (green). The Medical Group Supervisor (or Med Comm, if assigned) will coordinate the destinations with the base station and/or receiving hospitals, if there are multiple receiving facilities. In such cases, the following conditions shall apply:

1. Non-emergency vehicles may be requested through the IC, through Dispatch or by special arrangement made on scene by the Medical Group Supervisor.

2. If resources allow, at least one (1) ALS team (minimum of one (1) paramedic and one (1) EMT) with appropriate equipment will accompany each non-emergency transport vehicle. Generally, the ratio of patients to ALS team should not exceed 15:1.

3. When resources do not permit an ALS team to accompany a non-emergency transport vehicle, a BLS team consisting of at least two (2) EMT's and/or First Responders will accompany the vehicle. Generally, the ratio of patients to BLS team should not exceed 9:1.

4. In the event of deterioration of a patient en route, the non-emergency unit shall immediately call for an ALS emergency ambulance, if available, and transfer care for transport to the closest emergency department.

Responsibilities of Dispatch:

1. SO Dispatch shall alert/notify all other 911 dispatch centers (CHP and adjacent jurisdictions), and County OES Mutual Aid Coordinators (fire, law, Medical/Health Operational Area Coordinator (MHOAC)) of the declaration of an MCI.

2. SO Dispatch shall assist, collaborate, and help to coordinate the filling of resource requests from the base station, IC, the Medical Group Supervisor, and/or the OES Mutual Aid Coordinators (fire, law, MHOAC), as available. This may include mutual aid resources from outside the operational area, including ground and/or air transportation resources and personnel.

Responsibilities of the Base Station:

1. Upon field notification of an MCI, the base station shall immediately notify area hospitals. If there is the potential for multiple patient destinations, the base station will poll area hospitals for bed availability.

2. The base station shall assist, collaborate, and help to coordinate the filling of all resource requests from the IC, the Medical Group Supervisor, and/or the OES Mutual Aid Coordinators (fire, law, MHOAC), as requested. This may include mutual aid medical resources from outside the operational area.

3. The base station shall coordinate with Dispatch, the IC, the Medical Group Supervisor or designee, and the OES Mutual Aid Coordinators, the deployment of all air resources for the MCI, as requested.

4. The base station shall notify ICEMA and the MHOAC when three (3) or more ambulances are requested for an incident.

5. If the base station is coordinating patient destinations, it will confirm patient departure from scene with Med Comm, if assigned, by providing the departure time and estimated time of arrival (ETA) to the receiving hospital.

6. The base station will advise receiving hospitals of the number/categories of patients en route via approved method (e.g. radio, telephone).

7. If the base station needs additional resources, it shall contact the MHOAC.

Responsibilities of the Receiving Hospital:

1. All hospitals shall respond immediately to any request from the Medical Group Supervisor or designee for bed availability.

2. A receiving facility may not change the destination of a patient.

3. If the receiving facility needs additional resources, it shall contact the MHOAC.

4. Each hospital that received patients from the MCI shall participate in after action reports and improvement plans as necessary.

Responsibilities of the OES Mutual Aid Coordinators (Fire, Law, MHOAC):

1. The Medical Health Operational Area Coordinator (MHOAC) Program is comprised of the personnel, facilities, and supporting entities that fulfill the functions of the MHOAC role as directed by the MHOAC. The MHOAC is a functional designation within the Operational Area, filled by the Health Officer and the local emergency medical services agency administrator (or designee/s), that shall assist the other Operational Area Coordinators (fire, law) in the coordination of situational information and medical and health mutual aid during emergencies.

2. The MHOAC Program is the principal point-of-contact within the Operational Area for information related to the public health and medical impact of an emergency. Within two (2) hours of incident recognition, it is expected that the MHOAC Program will prepare and submit the electronic Health and Medical Situation Report to the activated local emergency management agency (Duty Officer, IC/UC, EOC), to the RDMHC/S Program (REOC), to CDPH, and to EMSA (Duty Officers or EOC if activated).

3. The Mutual Aid Coordinators (fire, law, MHOAC) are responsible for coordinating the process of requesting, obtaining, staging, tracking, using, and demobilizing mutual aid resources. If Unified Command has been established for an incident, health and medical entities request resources through the Operations and Logistics Section of field-level Unified Command, which coordinates the resource fulfillment within the Operational Area, or from neighboring Operational Areas where there are cooperative assistance agreements or day-to-day relationships in existence.

4. If the resource cannot be obtained locally, the MHOAC Program will request health and medical resources from outside of the Operational Area by working with the RDMHC/S Program in preparing and submitting a Health and Medical Resource Request Form to the activated local emergency management agency (Duty Officer, IC/UC, and EOC) and to the RDMHC/S Program (REOC). Examples include, but are not limited to, additional transportation resources (ambulance strike teams, EMS aircraft), accepting specialty facility beds/physicians (multi-trauma, burns, pediatrics), and ventilators.

Medical Control:

1. EMS personnel shall operate within ICEMA “prior to contact” protocols for both medical and trauma patients.

2. When base station consultation occurs, medical control refers to a specific patient and not to the incident as a whole (operational aspects).

3. When multiple hospital destinations exist, medical control has the option of referring the resource establishing radio contact to the base station for bed availability.

Field Documentation:

1. The Medical Group Supervisor (or Med Comm, if established) maintains responsibility to ensure the following:

    a. Utilization of the approved ICEMA/MCI patient care report. This form will include:

        1. Name and location of the incident.

        2. Triage tag number for each patient and the hospital destination.

        3. Brief description of the incident.

    b. Completion of an individual patient care report for each deceased individual at the incident.

    c. Completion of an individual patient care report for all patients with a chief complaint and who "refuse treatment". As feasible, ask patients to sign a release of liability (e.g. Against Medical Advice (AMA) liability form).

2. Each transporting unit is responsible for generating a patient care report for each patient transported excluding patients transported by non-emergency vehicles. Those transported in non-emergency vehicles will be identified by triage tags. This should include patient tracking tag/number and will indicate the incident name and location.

ADDENDUM

Firescope Operations Procedures of a Multi-Casualty Incident

Operational System Description

The Multi-Casualty Organizational Module within the Firescope Field Operations Guide (ICS 420-1) is designed to provide for the necessary supervision and control of essential functions required during an MCI. The primary functions will be directed by the Medical Group Supervisor who reports in most cases to the IC, or the Multi-Casualty Branch Director, if activated. Resources having direct involvement with patients are supervised or coordinated by one of the functional leaders or coordinators.

The Medical Branch structure in the ICS system is designed to provide the IC with a basic, expandable modular system for managing the incident. The system is designed to be set up consistent in all incidents involving mass casualties and has the ability to expand the incident organization as needed.

Initial Response Organization: Initial response resources are managed by the IC, who will handle all Command and General Staff responsibilities. The resources will respond based on the **operational procedures** (as outlined in this protocol).

Reinforced Response Organization: In addition to the initial response, the Medical Group Supervisor may establish a Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader, Medical Communications Coordinator (Med Comm), and Ambulance Coordinator. Also patient treatment areas are established, if needed.

Multi-Group Response: All positions within the Medical Group are now filled. The Air Operations Branch may be designated to provide coordination between the Ambulance Coordinator and the Air Operations Branch. The Extrication Group is established to free entrapped victims.

Multi-Branch Incident Organization: The complete incident organization shows the Multi-Casualty Branch and other Branches. The Multi-Casualty Branch now has multiple Medical Groups (geographically separate) but only one Patient Transportation Group. This is because all patient transportation must be coordinated through one (1) point to avoid overloading hospitals. If necessary for span of control, the IC may appoint a Medical Branch Director to oversee the Medical Group and other relevant groups.

Operational Principles

1. First arriving resource with the appropriate communications capability shall declare an MCI, establish command, and name the incident. This resource will remain in command until relieved by the public safety agency having jurisdictional authority.

2. The IC will assign the first available resource to triage. Victims shall be triaged according to START/JumpSTART criteria, and ICS shall be implemented according to Firescope and NIMS.

3. The IC will assign the resource with the appropriate communications capability to establish communications with the base station for resource requests, as needed.

4. Treatment areas are set up based upon needs and available resources according to classification of patients (Immediate, Delayed and Minor.) The Treatment Unit Leader will notify Patient Transportation Unit Leader when a patient is ready for transportation and of any special needs (e.g. burns, pediatrics, decontamination). If these positions are not assigned, the Medical Group Supervisor will retain this responsibility.

5. Patients are transported to the appropriate facility based upon patient condition, bed availability, and transport resources. The Medical Group Supervisor is responsible for patient transportation and destination and may assign/delegate this responsibility to a Patient Transportation Unit Leader and a Medical Communications Coordinator who would work together to transport the patients using the appropriate methods to the most appropriate destinations.

6. The Patient Transportation Unit Leader and Med Comm, if assigned, will determine all patient destinations in coordination with the base station.

7. The IC will designate a staging area(s). Transportation personnel should stay with their vehicles to facilitate rapid transport, unless reassigned by the IC or designee.

8. The Patient Transportation Unit Leader will then call for an ambulance or other designated transportation vehicle to respond to the loading area.

9. The Patient Transportation Unit Leader, in coordination with the IC, may put in a request through Dispatch for buses to transport minor or uninjured patients.

10. The Patient Transportation Unit Leader will copy the information from the triage tag onto a Patient Transportation Log, and confirm destination with the ambulance crew, bus, or other driver.

11. The Patient Transportation Unit Leader will notify the Med Comm, if assigned, of patient departure.

12. The transporting unit should contact the receiving facility en route with a patient report, using the incident name to identify the patient.